

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/552,429

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	2					
9	2					
10	1					
11	1					
12	1					
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37	2					
38	1					
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TOTAL IND.	6	↓	↓	↓	↓	↓
TOTAL DEP.	45	←	←	←	←	←
TOTAL CLAIMS	51	██████████	██████████	██████████	██████████	██████████

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓	↓	↓	↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS		██████████	██████████	██████████	██████████	██████████

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